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| Fill in this information to identify your case: | | |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF PENNSYLVANIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Chad | Michelle |
| | your government-issued picture identification (for example, your driver's | First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Hopkins | Hopkins |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have | | |
| ۷. | used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8182 | xxx-xx-8661 |

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Debtor 1 Chad Hopkins
Debtor 2 Michelle Hopkins

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 6018 Baker School Road | If Debtor 2 lives at a different address: |
| | | Trafford, PA 15085 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Westmoreland | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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| | otor 1 otor 2 | Chad Hopkins Michelle Hopkins | | | Documen | • | Case number (if known) | |
|-----|------------------------|---|-------------------|--|--|---|--|--------------------------------|
| | | | | | | | | |
| Par | t 2: | Tell the Court About | our Ban | kruptcy Ca | ase | | | |
| 7. | Bank | chapter of the cruptcy Code you are | | | | ich, see <i>Notice Required by</i> and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for E e box. | 3ankruptcy |
| | cnoc | sing to file under | ■ Char | oter 7 | | | | |
| | | | ☐ Chap | oter 11 | | | | |
| | | | ☐ Chap | oter 12 | | | | |
| | | | ☐ Chap | oter 13 | | | | |
| 8. | How | you will pay the fee | ab or | out how yo | ou may pay. Typically attorney is submittin | , if you are paying the fee yo | k with the clerk's office in your local court fourself, you may pay with cash, cashier's chealf, your attorney may pay with a credit card | eck, or money |
| | | | | | y the fee in installm ee in Installments (Of | | on, sign and attach the Application for Individ | duals to Pay |
| | | | □ Ir bu tha | equest that it is not req at applies t | at my fee be waived quired to, waive your to your family size an | (You may request this option ee, and may do so only if yo d you are unable to pay the f | n only if you are filing for Chapter 7. By law, ur income is less than 150% of the official pee in installments). If you choose this option Official Form 103B) and file it with your petiti | overty line , you must fill |
| 9. | Have | you filed for | ■ No. | | | | | |
| | | ruptcy within the 3 years? | ☐ Yes. | | | | | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| | | | | District | | When | Case number | |
| 10. | | nny bankruptcy s pending or being | ■ No | | | | | |
| | filed not f you, | by a spouse who is iling this case with or by a business ner, or by an | ☐ Yes. | | | | | |
| | | | | Debtor | | | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| | | | | Debtor | | \M/In an | Relationship to you | |
| | | | | District | | When | Case number, if known | |
| 11. | | ou rent your lence? | ■ No. | Go to l | line 12. | | | |
| | 16210 | iciloc (| ☐ Yes. | Has yo | our landlord obtained | an eviction judgment agains | t you and do you want to stay in your resider | nce? |
| | | | | | No. Go to line 12. | | | |
| | | | | | Yes. Fill out <i>Initial</i> S bankruptcy petition. | tatement About an Eviction | Judgment Against You (Form 101A) and file | it with this |

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| | | Chad Hopkins Michelle Hopkins | | Docum | Case number (if known) |
|------|---|--|------------------------|---|--|
| | | | | | |
| Part | 3: Re | eport About Any Bu | sinesses ` | You Own as a Sole Proprie | etor |
| 12. | | a sole proprietor full- or part-time ss? | ■ No. | Go to Part 4. | |
| | | | ☐ Yes. | Name and location of bu | siness |
| | busines an indiv separat as a co | proprietorship is a sis you operate as ridual, and is not a e legal entity such reporation, ship, or LLC. | | Name of business, if any | |
| | sole pro | ave more than one oprietorship, use a e sheet and attach | | Number, Street, City, Sta | ate & ZIP Code |
| | | petition. | | Check the appropriate be | ox to describe your business: |
| | | | | ☐ Health Care Busine | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | ☐ Single Asset Rea | l Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | ☐ Stockbroker (as o | defined in 11 U.S.C. § 101(53A)) |
| | | | | ☐ Commodity Brok | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | ☐ None of the above | re |
| 13. | Chapte Bankru | u filing under or 11 of the optcy Code and are mall business | deadlines operation | s. If you indicate that you are | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | | efinition of small | ■ No. | I am not filing under Cha | pter 11. |
| | | ss debtor, see 11 § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | : 4: Re | eport if You Own or | Have Any | Hazardous Property or Ar | ny Property That Needs Immediate Attention |
| 14. | - | own or have any | ■ No. | | |
| | | ty that poses or is I to pose a threat | ☐ Yes. | | |
| | of imm identifi | inent and able hazard to | | What is the hazard? | |
| | Or do y | health or safety? ou own any by that needs iate attention? | | If immediate attention is needed, why is it needed? | |
| | perisha livestod or a bul | mple, do you own ble goods, or k that must be fed, ilding that needs repairs? | | Where is the property? | Number Circuit City State 9 7 in Code |
| | | | | | Number, Street, City, State & Zip Code |

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Debtor 1 **Chad Hopkins** Debtor 2 Michelle Hopkins Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

My physical disability causes Disability.

> me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 **Chad Hopkins** Michelle Hopkins Debtor 2 Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16a. you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 25.001-50.000** 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 □ 200-999 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michelle Hopkins /s/ Chad Hopkins **Chad Hopkins Michelle Hopkins** Signature of Debtor 1 Signature of Debtor 2 Executed on March 10, 2016 Executed on March 10, 2016 MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 | Chad Hopkins | Documen | it Page 7 01 03 | | |
|----------|---|---|---|---|---|
| Debtor 2 | Michelle Hopkins | | Ca | ase number (if known) | |
| | | | | | |
| • | attorney, if you are ted by one | under Chapter 7, 11, 12, or 13 of title 11, for which the person is eligible. I also ce | United States Code, and have ertify that I have delivered to the | ve informed the debtor(s) about eligibility to proceed e explained the relief available under each chapter e debtor(s) the notice required by 11 U.S.C. § | |
| • | e not represented by ley, you do not need s page. | 342(b) and, in a case in which § 707(b)(4 in the schedules filed with the petition is | | e no knowledge after an inquiry that the information | |
| | | /s/ Jonathan G. Babyak | Date | March 10, 2016 | |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | _ |
| | | Jonathan G. Babyak | | | |
| | | Printed name | | | |
| | | Campbell & Levine, LLC | | | |
| | | Firm name | | | |
| | | 310 Grant Street, Suite 1700 | | | |
| | | Pittsburgh, PA 15219 | | | |
| | | Number, Street, City, State & ZIP Code | | | |
| | | Contact phone 412-261-0310 | Email address | | _ |
| | | 38234 | | | |
| | | Bar number & State | | | |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|------------------|-----------------|---|
| Debtor 1 | Chad Hopkins | | | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 | Michelle Hopkins | ; | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number _ | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | Summarize Your Assets | | |
|-----|--|-------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 120,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 114,436.86 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 234,436.86 |
| Par | 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 146,625.14 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 111,204.86 |
| | Your total liabilities | \$ | 257,830.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,730.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,368.15 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | our other s | chedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a persona | ıl, family, or |

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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| Debtor 2 | Michelle Hopkins | Case number (if known) | |
|----------|---|------------------------|----------------|
| | n the Statement of Your Current Monthly Income: Cop | | \$ 7,408.75 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Chad Hopkins

| | Tota | al claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 17,112.94 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 17,112.94 |

| ll in this inform | | Document Page 10 of 63 | | |
|--------------------|--|---|--|---|
| ii in this inform | nation to identify your case and | | | |
| ebtor 1 | Chad Hopkins | | | |
| | | e Name Last Name | | |
| ebtor 2 | Michelle Hopkins | | | |
| ouse, if filing) | First Name Midd | e Name Last Name | | |
| nited States Ban | kruptcy Court for the: WESTER | N DISTRICT OF PENNSYLVANIA | | |
| ase number | | | | ☐ Check if this is a amended filing |
| | m 106A/B A/B: Property | | | 12/15 |
| ts best. Be as co | mplete and accurate as possible. If to | an asset only once. If an asset fits in more than one or wo married people are filing together, both are equally n. On the top of any additional pages, write your name | responsible for supplying | correct information. If |
| | | What is the property? Check all that apply | | |
| | r School Road | ■ Single-family home | Do not doduct socured of | aims or exemptions. Put th |
| Street address, if | available, or other description | Duplex or multi-unit building Condominium or cooperative | amount of any secured cl Creditors Who Have Clai | aims on Schedule D: |
| Trafford | PA 15085-0000 | ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? | Current value of the portion you own? |
| City | State ZIP Code | ☐ Investment property | \$120,000.00 | |
| | | ☐ Timeshare | December the material of a | \$120,000.00 |
| | | Other Who has an interest in the property? Check one | | \$120,000.00 rour ownership interest ancy by the entireties, or |
| | | ☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only | (such as fee simple, ten | our ownership interest ancy by the entireties, or |
| Westmorel | and | Who has an interest in the property? Check one | (such as fee simple, ten a life estate), if known. | our ownership interest ancy by the entireties, or |
| Westmorel County | and | Who has an interest in the property? Check one Debtor 1 only | (such as fee simple, ten a life estate), if known. Tenancy by the Er | our ownership interest ancy by the entireties, or atirety |
| | and | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | (such as fee simple, ten a life estate), if known. | our ownership interest ancy by the entireties, or atirety |
| | and | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | (such as fee simple, ten a life estate), if known. Tenancy by the Er Check if this is con (see instructions) | our ownership interest ancy by the entireties, or atirety |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case 16-20889-CMB Doc 1 Filed 03/10/16 Entered 03/10/16 15:37:40 Desc Main Document Page 11 of 63

| Cars | s, vans, | | | ase number (if known) | |
|--|--|--|---|--|---|
| □ N | | trucks, tractors, sport utility ve | chicles, motorcycles | | |
| | | | | | |
| ■ Ye | es | | | | |
| 3.1 | Make: | Chevrolet | Who has an interest in the property? Check one | | laims or exemptions. Put |
| | Model: | Trail Blazer | Debtor 1 only | | ed claims on Schedule D: ims Secured by Property. |
| | Year: | 2008 | Debtor 2 only | | |
| | | nate mileage: 101,000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | onino proporty : | portion you on |
| | | | | | |
| | | | Check if this is community property (see instructions) | \$5,100.00 | \$5,100.0 |
| 3.2 | Make: | Chevrolet | Who has an interest in the property? Check one | | laims or exemptions. Put |
| | Model: | Silverado | ☐ Debtor 1 only | | ed claims on Schedule D: ims Secured by Property. |
| | Year: | 2013 | Debtor 2 only | Current value of the | Current value of the |
| | Approxin | nate mileage: 19,000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$22,500.00 | \$22,500.0 |
| | nples: B | | nd other recreational vehicles, other vehicles, a atercraft, fishing vessels, snowmobiles, motorcycle | | |
| Exan | <i>nples:</i> B o | oats, trailers, motors, personal wa | | | |
| Exan □ No ■ Ye | <i>nples:</i> B o | oats, trailers, motors, personal wa | who has an interest in the property? Check one | e accessories Do not deduct secured c | laims or exemptions. Put ed claims on <i>Schedule D</i> : |
| Exan □ No ■ Yo 4.1 | nples: B o es Make: Model: | oats, trailers, motors, personal water trailers and the serious seriou | who has an interest in the property? Check one | Do not deduct secured control amount of any secured control and se | |
| Exan □ No ■ Yo 4.1 | nples: B o es Make: | oats, trailers, motors, personal wa | who has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured c the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: ims Secured by Property. Current value of the |
| Exan □ No ■ You 4.1 | nples: B o es Make: Model: Year: | Keystone Springdale 299H Trailer 2010 | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured c the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: ims Secured by Property. |
| Exan □ No ■ Ye | nples: B o es Make: Model: Year: | oats, trailers, motors, personal water trailers and the serious seriou | who has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured c the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| Exan | nples: B o es Make: Model: Year: | Keystone Springdale 299H Trailer 2010 | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property | Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the entire property? \$11,600.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$11,600.0 |
| □ No■ Ye14.1 | mples: B o es Make: Model: Year: Other inf | Keystone Springdale 299H Trailer 2010 ormation: Polaris | who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one | Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the entire property? \$11,600.00 Do not deduct secured c the amount of any secure | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$11,600.0 claims or exemptions. Put ed claims on Schedule D: |
| Exam | mples: B o es Make: Model: Year: Other inf | Keystone Springdale 299H Trailer 2010 ormation: | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one | Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the entire property? \$11,600.00 Do not deduct secured c the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$11,600.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| Exam No No No No No No No No No N | mples: B o es Make: Model: Year: Other inf Make: Model: | Keystone Springdale 299H Trailer 2010 ormation: Polaris Sportsman Touring LE | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the entire property? \$11,600.00 Do not deduct secured c the amount of any secure | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$11,600.0 Idaims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| Exan No. No. No. No. No. No. No. No | mples: B o es Make: Model: Year: Other inf Make: Model: Year: | Keystone Springdale 299H Trailer 2010 ormation: Polaris Sportsman Touring LE | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the entire property? \$11,600.00 Do not deduct secured c the amount of any secure Creditors Who Have Cla Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$11,600.0 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |

□ No

Filed 03/10/16 Entered 03/10/16 15:37:40 Case 16-20889-CMB Doc 1 Desc Main Page 12 of 63 Document Debtor 1 **Chad Hopkins** Debtor 2 Michelle Hopkins Case number (if known) Yes. Describe..... Ordinary Household Goods, appliances and furniture, none valued \$15,000.00 greater than \$575 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$1,000.00 Televisions, computer and phones - none value greater than \$575 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... **Ordinary Clothing - Michell** \$500.00 Ordinary clothing - Chad \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$1,500.00 Everyday jewelry - wedding bands and engagement ring 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$18,500.00

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| Debtor 1 Debtor 2 | Michelle Hopkins | Case number (if known) | |
|----------------------|---|---|---|
| Port 4. Do | scribe Your Financial Assets | | |
| | vn or have any legal or equitable interest | in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | oles: Money you have in your wallet, in your | home, in a safe deposit box, and on hand when you file your petitio | n |
| Exam _l | its of money oles: Checking, savings, or other financial a institutions. If you have multiple accou | ccounts; certificates of deposit; shares in credit unions, brokerage hnts with the same institution, list each. | ouses, and other similar |
| □ No ■ Yes. | | Institution name: | |
| | 17.1. | Fifth Third Bank Checking Account | \$452.4 |
| | 17.2. | Fifth Third Bank Savings Account | \$4,926.9 |
| . Gover | | | |
| Non-n ■ No | | transfer to someone by signing or delivering them. | |
| | Issuer name: ment or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k |), 403(b), thrift savings accounts, or other pension or profit-sharing p | olans |
| ■ Yes. | List each account separately. Type of account: | Institution name: | |
| | | PNC 401K - This Erisa qualified plan is not property of the estate and is listed herein for information purposes only | \$34,580.1 |
| | IRA | Principal Funds | \$2,349.8 |
| | | Liberty Mutual 401(K) - This Erisa qualified plan is not property of the estate and is listed herein for information purposes only | \$6,517.5 |

Official Form 106A/B Schedule A/B: Property page 4

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| | ebtor 1 ebtor 2 | Chad Hop Michelle H | | Doddino | n ago - | Case number | (if known) | |
|-----|--------------------|--------------------------------|---|--|-----------------------|--|--|--|
| 22. | Your sh | nare of all unu | | | | ce or use from a company water), telecommunication | | |
| | | | | Insti | tution name or inc | dividual: | | |
| | ■ No | , | t for a periodic payi | ment of money to you, e | ither for life or for | a number of years) | | |
| | ☐ Yes | | | • | = | | | |
| 24. | | C. §§ 530(b)(1 |), 529A(b), and 529 | 9(b)(1). | | under a qualified state t | | |
| | ☐ Yes | | Institution name ar | nd description. Separate | ly file the records | of any interests.11 U.S.C | . § 521(c): | |
| | ■ No | • | future interests in information about t | | anything listed in | line 1), and rights or po | owers exercisable for your benefit | |
| | | • | | e secrets, and other in | tellectual proper | tv | | |
| | Example ■ No | les: Internet d | omain names, web | sites, proceeds from ro | | | | |
| | | · | information about t | | | | | |
| 27. | | , | s, and other gener permits, exclusive li | • | ociation holdings, | , liquor licenses, professio | onal licenses | |
| | ☐ Yes. | Give specific | information about t | hem | | | | |
| Me | oney or p | roperty owe | d to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | |
| 28. | Tax refu | unds owed to | you | | | | | |
| | ■ No □ Yes. 0 | Give specific i | nformation about th | nem, including whether y | ou already filed th | ne returns and the tax yea | ars | |
| | ■ No | les: Past due | or lump sum alimo | ny, spousal support, chi | ld support, mainte | enance, divorce settlemen | it, property settlement | |
| | Example ■ No | <i>les:</i> Unpaid w | unpaid loans you m | urance payments, disab lade to someone else | lity benefits, sick p | pay, vacation pay, worker | rs' compensation, Social Security | |
| | | s in insuran | | | | | | |
| 31. | | | | rance; health savings ac | count (HSA); cred | dit, homeowner's, or rente | er's insurance | |
| | ☐ Yes. N | Name the insu | urance company of Company r | each policy and list its vane: | alue. | Beneficiary: | Surrender or refund value: | |
| | If you a someor | re the benefic ne has died. | ciary of a living trust | u from someone who c, expect proceeds from | | olicy, or are currently entit | tled to receive property because | |
| | ⊔ Yes. | Give specific | information | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

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| | otor 1 otor 2 | Chad Hopkins Michelle Hopkins | | Case number (if known) | |
|-----|------------------|--|------------------------------|------------------------------------|--------------|
| _ | Examp | against third parties, whether or not you have filed a la ples: Accidents, employment disputes, insurance claims, or | | and for payment | |
| | ■ No □ Yes. | Describe each claim | | | |
| _ | _ | contingent and unliquidated claims of every nature, incl | luding counterclaims | of the debtor and rights to set of | off claims |
| | ■ No □ Yes. | Describe each claim | | | |
| | - | ancial assets you did not already list | | | |
| | ■ No □ Yes. | Give specific information | | | |
| 36. | | he dollar value of all of your entries from Part 4, includi art 4. Write that number here | | | \$48,826.86 |
| Par | 5: De: | scribe Any Business-Related Property You Own or Have an Inter | est In. List any real estate | e in Part 1. | |
| _ | | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | to to line 38. | | | |
| Par | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interest | In. | |
| 46. | | own or have any legal or equitable interest in any farm | - or commercial fishi | ng-related property? | |
| | _ | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| Par | t 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | Examp | have other property of any kind you did not already list bles: Season tickets, country club membership | t? | | |
| | ■ No □ Yes. | Give specific information | | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| Par | t 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$120,000.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$47,110.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$18,500.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$48,826.86 | | |
| 59. | Part 5 | i: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$114,436.86 | Copy personal property total | \$114,436.86 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$234,436.86 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | mation to identify your | case. | | |
|---------------------|--------------------------|--------------------|-----------------|------------------------------------|
| | mation to lacitary your | ouse. | | |
| Debtor 1 | Chad Hopkins | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Michelle Hopkins | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA | |
| Case number _ | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
| | | | | | |

| | identify the Property Fou Claim as Exempt | | | | | | | |
|----|---|--------------------------------------|-------|---|------------------------------------|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | |
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
| | ■ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | | |
| | 6018 Baker School Road Trafford, PA 15085 Westmoreland County | \$120,000.00 | | \$3,624.25 | 11 U.S.C. § 522(d)(1) | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | 2008 Chevrolet Trail Blazer 101,000 miles | \$5,100.00 | | \$5,100.00 | 11 U.S.C. § 522(d)(2) | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | 2008 Chevrolet Trail Blazer 101,000 miles | \$5,100.00 | | \$0.00 | 11 U.S.C. § 522(d)(5) | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | | | | | | | | |

miles

miles

\$22,500.00

\$22,500.00

2013 Chevrolet Silverado 19,000

2013 Chevrolet Silverado 19,000

Line from Schedule A/B: 3.2

Line from Schedule A/B: 3.2

11 U.S.C. § 522(d)(2)

11 U.S.C. § 522(d)(5)

\$2,250.00

\$2,092.48

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

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Debtor 2 Michelle Hopkins Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2010 Keystone Springdale 299H 11 U.S.C. § 522(d)(5) \$11,600.00 \$1.00 Line from Schedule A/B: 4.1 100% of fair market value, up to any applicable statutory limit 2014 Polaris Sportsman Touring LE 11 U.S.C. § 522(d)(5) \$7.910.00 \$7,910.00 Quad П Line from Schedule A/B: 4.2 100% of fair market value, up to any applicable statutory limit **Ordinary Household Goods,** 11 U.S.C. § 522(d)(3) \$15,000.00 \$15,000.00 appliances and furniture, none П valued greater than \$575 100% of fair market value, up to Line from Schedule A/B: 6.1 any applicable statutory limit Televisions, computer and phones -11 U.S.C. § 522(d)(3) \$1,000.00 \$1,000.00 none value greater than \$575 П Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit **Ordinary Clothing - Michell** 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 Line from Schedule A/B: 11.1 П 100% of fair market value, up to any applicable statutory limit Ordinary clothing - Chad 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 Line from Schedule A/B: 11.2 100% of fair market value, up to any applicable statutory limit Everyday jewelry - wedding bands 11 U.S.C. § 522(d)(4) \$1.500.00 \$1,500.00 and engagement ring П Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Fifth Third Bank 11 U.S.C. § 522(d)(5) \$452.44 \$452.44 **Checking Account** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Fifth Third Bank 11 U.S.C. § 522(d)(5) \$4,926.94 \$4,926.94 Savings Account Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit **IRA: Principal Funds** 11 U.S.C. § 522(d)(5) \$2,349.81 \$2,349.81 Line from Schedule A/B: 21.2 100% of fair market value, up to any applicable statutory limit **Liberty Mutual 401(K)** 11 U.S.C. § 522(d)(12) \$6,517.55 \$6,517.55 - This Erisa qualified plan is not property of the estate and is listed 100% of fair market value, up to herein for information purposes only any applicable statutory limit Line from Schedule A/B: 21.3

Chad Hopkins

Debtor 1

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Debtor 1 Debtor 2 Michelle Hopkins

Case number (if known)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

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| | | Document | Page 1 | 9 01 63 | | |
|---|--------------------|---|----------------|--|--|---------------------|
| Fill in this information to | identify your | case: | | | | |
| Debtor 1 Chac | d Hopkins | | | | | |
| First Na | | Middle Name | Last Name | | | |
| Debtor 2 Mich | elle Hopkins | 5 | | | | |
| (Spouse if, filing) First Na | ame | Middle Name | Last Name | | | |
| United States Bankruptcy | Court for the: | WESTERN DISTRICT OF PEN | NSYLVANI/ | 4 | | |
| , , | | | | | | |
| Case number | | | | | | |
| (if known) | | | | | | if this is an |
| | | | | | amend | ed filing |
| Official Form 106 |) | | | | | |
| | _ | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | al last Dates a session | | |
| Schedule D: Cr | editors | Who Have Claims S | <u>secure</u> | d by Property | <u>y </u> | 12/15 |
| Be as complete and accurate | as possible. If t | wo married people are filing together, | both are eq | ually responsible for supp | olving correct informatio | n. If more space is |
| needed, copy the Additional I | | number the entries, and attach it to thi | | | | |
| known). | | . • | | | | |
| 1. Do any creditors have clair | | | | | | |
| □ No. Check this box | and submit thi | is form to the court with your other | schedules. | You have nothing else | to report on this form. | |
| Yes. Fill in all of the | e information b | elow. | | | | |
| Part 1: List All Secure | ed Claims | | | | | |
| | | ore than one secured claim, list the credit | or senarately | for Column A | Column B | Column C |
| each claim. If more than one | creditor has a par | rticular claim, list the other creditors in Pa | | | Value of collateral | Unsecured |
| as possible, list the claims in a | alphabetical order | r according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Fifth Third Bank | | Describe the property that secures the | e claim: | \$90,445.25 | \$120,000.00 | \$0.00 |
| Creditor's Name | | 6018 Baker School Road Traf | fford. | | | |
| | | PA 15085 Westmoreland Co | | | | |
| PO Box 630412 | L | As of the data you file the plains is O | | | | |
| Cincinnati, OH | | As of the date you file, the claim is: Chapply. | ieck all that | | | |
| 45263-0412 | | ☐ Contingent | | | | |
| Number, Street, City, State | & Zip Code | ☐ Unliquidated | | | | |
| | | Disputed | | | | |
| Who owes the debt? Chec | k one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mo car loan) | ortgage or se | cured | | |
| Debtor 2 only | | _ ′ | (aniala lian) | | | |
| ■ Debtor 1 and Debtor 2 only | , | ☐ Statutory lien (such as tax lien, mech | anic's lien) | | | |
| At least one of the debtors | | ☐ Judgment lien from a lawsuit | Eirat Marí | aaaa | | |
| ☐ Check if this claim relate community debt | s to a | Other (including a right to offset) | First Mort | yaye | | |
| , | | | | | | |
| Date debt was incurred | | Last 4 digits of account numbe | er <u>2287</u> | | | |
| | | | | | | |
| 2.2 Fifth Third Bank | | Describe the property that secures the | | \$25,930.50 | \$120,000.00 | \$0.00 |
| Creditor's Name | | 6018 Baker School Road Traf | | | | |
| DO Day (2077) | | PA 15085 Westmoreland Co | unty | | | |
| PO Box 630778 Cincinnati, OH | L | As of the date you file, the claim is: Ch | neck all that | | | |
| 45263-0778 | | apply. Contingent | | | | |
| Number, Street, City, State | | ☐ Unliquidated | | | | |
| rumber, eneet, eny, ende | | ☐ Disputed | | | | |
| Who owes the debt? Chec | | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mo | ortgage or se | cured | | |
| Debtor 2 only | | car loan) | 5 5 - 7 | | | |
| ■ Debtor 1 and Debtor 2 only | у | ☐ Statutory lien (such as tax lien, mech | anic's lien) | | | |
| ☐ At least one of the debtors | | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relate | | 3 | Second M | ortgage | | |
| community debt | | | | | | |
| Date debt was incurred | | Last 4 digits of account number | r 9300 | | | |

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| Debtor 1 Chad Hopkins | | Case number (if know) | | |
|---|---|-----------------------|-------------|----------|
| First Name Middle N | Name Last Name | | | |
| Debtor 2 Michelle Hopkins First Name Middle N | Name Last Name | | | |
| | | | | |
| 2.3 Huntington Bank | Describe the property that secures the claim: | \$18,157.52 | \$22,500.00 | \$0.00 |
| Creditor's Name | 2013 Chevrolet Silverado 19,000 | | | |
| | miles | | | |
| | As of the date you file, the claim is: Check all that | | | |
| | apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or se | cured | | |
| ☐ Debtor 2 only | car loan) | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.4 WesBanco | Describe the property that secures the claim: | \$12,091.87 | \$11,600.00 | \$491.87 |
| Creditor's Name | 2010 Keystone Springdale 299H Trailer | | | |
| | As of the date you file, the claim is: Check all that | | | |
| | apply. | | | |
| Number, Street, City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | |
| Number, Street, Oity, State & Zip Soue | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only | ☐ An agreement you made (such as mortgage or se | cured | | |
| ☐ Debtor 2 only | car loan) | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | \$146,625.1 | <u>a</u>] | |
| If this is the last page of your form, add | · - | | | |
| Write that number berei | the donar value totals from all pages. | \$146.625.1 | 4 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Document | Page 2 | L of 63 | _ |
|--|---|-------------------------|-----------------------------------|--------------------------------------|
| Fill in this information to identify your case: | | | | |
| Debtor 1 Chad Hopkins | | | |] |
| | Idle Name | Last Name | <u> </u> | |
| Debtor 2 Michelle Hopkins | | | | |
| (Spouse if, filing) First Name Mide | Idle Name | Last Name | | |
| United States Bankruptcy Court for the: WESTE | ERN DISTRICT OF PE | NNSYLVANIA | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Form 106E/F | | | | |
| | ve Heeseveed | Claima | | 40/4E |
| Schedule E/F: Creditors Who Ha te as complete and accurate as possible. Use Part 1 for | | | | 12/15 |
| Creditors Who Have Claims Secured by Property. If me Continuation Page to this page. If you have no infornation (if known). Part 1: List All of Your PRIORITY Unsecured (if known). | nation to report in a Part | | | |
| Do any creditors have priority unsecured claims ag | jainst you? | | | |
| ■ No. Go to Part 2. | | | | |
| ☐ Yes. | | | | |
| Part 2: List All of Your NONPRIORITY Unsecu | ured Claims | | | |
| 3. Do any creditors have nonpriority unsecured claims | | | | |
| No. You have nothing to report in this part. Submit t | | vour other sched | lules | |
| Yes. | | , o u . o o o | u | |
| List all of your nonpriority unsecured claims in the claim, list the creditor separately for each claim. For ea creditor holds a particular claim, list the other creditors | ach claim listed, identify wh | at type of claim | it is. Do not list claims already | included in Part 1. If more than one |
| , | , | | , | Total claim |
| 4.1 AEO/Synchrony Bank | Last 4 digits of acc | ount number | 4632 | \$7,742.93 |
| Nonpriority Creditor's Name | _ | | | <u> </u> |
| PO Box 960013 | When was the debt | incurred? | | |
| Orlando, FL 32896-0013 Number Street City State Zlp Code | As of the date you | file, the claim is | : Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| Debtor 1 only | _ | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIOR | OITV uneacurad | claim: | |
| • | | | | |
| ☐ At least one of the debtors and another | <u></u> | arr unscoured | Ciaiii. | |
| | Student loans | | | at you did not |
| ☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans | ng out of a separ | ration agreement or divorce th | at you did not |
| ☐ Check if this claim is for a community debt | Student loans t Obligations arisir report as priority clai | ng out of a separ ms | | • |

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| Debte | Michelle Hopkins | | Case number (if know) | |
|-------|---|--|---|-------------|
| 4.2 | Alene D. D'Alesio, DMD Nonpriority Creditor's Name | Last 4 digits of account number | 4350 | \$140.00 |
| | 4401 Penn Avenue Dental 7th Floor FB Pittsburgh, PA 15224-1334 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | ■ Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Dental serv | vice | |
| 4.3 | Amazon/Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9111 | \$1,574.09 |
| | PO Box 960013 Orlando, FL 32896-0013 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Ordinary c credit acco | onsumer purchases on open ount. | |
| 4.4 | American Education Services | Last 4 digits of account number | 6028 | \$11,250.61 |
| | Nonpriority Creditor's Name Payment Center Harrisburg, PA 17130-0001 | When was the debt incurred? | 10/3/2005 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | ☐ Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ At least one of the debtors and another | Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ☐ Other Specify | | |

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| | ichelle Hopkins | | . , | |
|------|--|---|---|------------|
| | erican Education Services | Last 4 digits of account number | 4666 | \$5,862.33 |
| Payı | riority Creditor's Name ment Center risburg, PA 17130-0001 | When was the debt incurred? | 6/22/2005 | |
| Numb | per Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | |
| | incurred the debt? Check one. | ☐ Contingent | | |
| □ De | ebtor 1 only | ☐ Unliquidated | | |
| ■ De | ebtor 2 only | Disputed | | |
| □ De | ebtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| ☐ At | t least one of the debtors and another | Student loans | | |
| | heck if this claim is for a community debt e claim subject to offset? | Obligations arising out of a separa report as priority claims | ation agreement or divorce that you did not | |
| ■ No | 0 | Debts to pension or profit-sharing | plans, and other similar debts | |
| □ Ye | es | Other. Specify | | |
| | clay Card Services | Last 4 digits of account number | 3649 | \$4,991.56 |
| | riority Creditor's Name Box 13337 | When was the debt incurred? | | |
| Phil | adelphia, PA 19101-3337 | • | | |
| | per Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | |
| _ | incurred the debt? Check one. | ☐ Contingent | | |
| | ebtor 1 only | ☐ Unliquidated | | |
| _ | ebtor 2 only | ☐ Disputed | | |
| _ | ebtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| | t least one of the debtors and another | ☐ Student loans | | |
| | heck if this claim is for a community debt e claim subject to offset? | ☐ Obligations arising out of a separa report as priority claims | ation agreement or divorce that you did not | |
| ■ No | 0 | ☐ Debts to pension or profit-sharing | plans, and other similar debts | |
| □ Y€ | es | Ordinary con credit accounts | nsumer purchases on open int. | |
| Bes | t Buy | Last 4 digits of account number | 5158 | \$4,239.16 |
| POI | riority Creditor's Name Box 9001007 | When was the debt incurred? | | |
| Numb | isville, KY 40290-1007 per Street City State Zlp Code input and the debt 3 Check and | As of the date you file, the claim is: | Check all that apply | |
| _ | incurred the debt? Check one. | ☐ Contingent | | |
| | ebtor 1 only | ☐ Unliquidated | | |
| | ebtor 2 only | ☐ Disputed | | |
| | ebtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | |
| | t least one of the debtors and another | Student loans | | |
| | heck if this claim is for a community debt e claim subject to offset? | report as priority claims | ttion agreement or divorce that you did not | |
| ■ No | 0 | ☐ Debts to pension or profit-sharing | plans, and other similar debts | |
| ☐ Ye | es | Ordinary con Credit accounts | nsumer purchases on open int. | |

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| | 2 Michelle Hopkins | Case number (if know) | |
|-----|---|---|-------------|
| 4.8 | Cabela's Club visa | Last 4 digits of account number 1836 | \$4,904.36 |
| | Nonpriority Creditor's Name PO Box 82519 Lincoln, NE 68501 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | ■ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Ordinary consumer purchases on open credit account. | |
| | Capital One Retail Services Nonpriority Creditor's Name | Last 4 digits of account number 4578 | \$10,315.59 |
| | PO Box 71106 | When was the debt incurred? | |
| | Charlotte, NC 28272-1106 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify | |
| | Chase Cardmember Services | Last 4 digits of account number 4641 | \$3,200.11 |
| | Nonpriority Creditor's Name P.O. Box 15153 | When was the debt incurred? | |
| _ | Wilmington, DE 19886 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| , | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Ordinary consumer purchases on open credit account. | |

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| Debtor 2 Michelle Hopkins | Case number (if know) | |
|---|---|-------------|
| Children's Hospital of Pittsburgh of UPM | Last 4 digits of account number 5168 | \$50.00 |
| Nonpriority Creditor's Name PO Box 382059 | When was the debt incurred? 7/2015 | |
| Pittsburgh, PA 15250-8059 | As of the date were file the plates to Ohead, all that such | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| _ | ☐ Disputed | |
| ■ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical Service for Daughter, Callie | |
| Children's Hospital of Pittsburghof UPMC | Last 4 digits of account number | \$11,224.50 |
| Nonpriority Creditor's Name PO Box 382509 Pittsburgh, PA 15250-8059 | When was the debt incurred? July, 2015 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| , | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Hospital bill for Daughter, Callie | |
| 13 Discover | Last 4 digits of account number 0025 | \$19,149.28 |
| Nonpriority Creditor's Name PO Box 71084 Charlotte, NC 28272-1054 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | _ | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| — 140 | _ Ordinary consumer purchases on open | |
| Yes | Other. Specify credit account. | |

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| Fifth Third Bank | |
|--|----------------|
| When was the debt incurred? Cincinnati, OH 45274-0789 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor Specify Yes Levin Furniture Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Last 4 digits of account number Offset When was the debt incurred? As of the date you file, the claim is: Check all that apply Monpriority dealins Ordinary consumer purchases or credit account. Last 4 digits of account number Offset When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? Contingent Unliquidated Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 | \$12,490.81 |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debtor 1 only Other. Specify Levin Furniture Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply Holiquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that report as priority claims Debts to pension or profit-sharing plans, and other similar debts Ordinary consumer purchases or credit account. Last 4 digits of account number When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Disputed | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts report as priority claims □ Other. Specify □ Ordinary consumer purchases or credit account. 4.15 □ Levin Furniture □ Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Disputed □ Disp | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Pes Criminary consumer purchases or Credit account. Cordinary consumer purchases or Credit account. Levin Furniture Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that report as priority claims Cordinary consumer purchases or Credit account. Undigitis of account number Of32 When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Disputed | |
| At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Obligations arising out of a separation agreement or divorce that report as priority claims Debts to pension or profit-sharing plans, and other similar debts or credit account. Ordinary consumer purchases or credit account. Ordinary consumer purchases or credit account. Last 4 digits of account number Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Nonpriority Creditor's Name Contingent Unliquidated Disputed | |
| Check if this claim is for a community debt Is the claim subject to offset? No Pes Cordinary consumer purchases or credit account. | |
| Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Ordinary consumer purchases or credit account. Levin Furniture Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Credit account number O632 When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Disputed | |
| Ordinary consumer purchases or credit account. Levin Furniture Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only ■ Debtor 2 only □ Disputed □ Disput | at you did not |
| 4.15 Levin Furniture Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Other. Specify Last 4 digits of account number 0632 When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Disputed | 3 |
| Nonpriority Creditor's Name Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Who is the detail that apply Unliquidated Disputed | n open |
| Synchrony Bank PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Who is the date you file, the claim is: Check all that apply Unliquidated Disputed | \$1,994.95 |
| PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply Unliquidated Disputed | |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Disputed ☐ Disputed | |
| ☐ Debtor 1 only ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| ☐ Unliquidated ☐ Debtor 2 only ☐ Disputed | |
| □ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| | |
| ☐ At least one of the debtors and another ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that report as priority claims | at you did not |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | 3 |
| ☐ Yes ☐ Ordinary consumer purchases or credit account. | n open |
| 4.16 Macy's American Express Last 4 digits of account number 8403 | \$2,571.98 |
| Nonpriority Creditor's Name PO Box 183084 When was the debt incurred? Columbus, OH 43218-3084 | |
| Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | |
| ■ Debtor 1 only | |
| Debtor 2 only | |
| Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that report as priority claims | at you did not |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts | 3 |
| ☐ Yes ☐ Other. Specify ☐ Ordinary consumer purchases or credit account. | |

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| | Michelle Hopkins | Case number (if know) | |
|------|---|---|------------|
| 4.17 | PayPal Credit | Last 4 digits of account number 1251 | \$3,296.55 |
| F | Nonpriority Creditor's Name PO Box 105658 Atlanta, GA 30348-5658 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| _ | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | |
| _ | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| _ | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| I | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| [| ☐ Yes | Ordinary consumer purchases on open credit account | |
| | Premier Medical Associates Nonpriority Creditor's Name | Last 4 digits of account number 2481 | \$136.14 |
| F | PO Box 644984 Pittsburgh, PA 15264-4984 | When was the debt incurred? 11/17/15 | |
| 1 | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| _ | Who incurred the debt? Check one. | ☐ Contingent | |
| L | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| [| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt sthe claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ı | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| [| Yes | Other. Specify Medical services | |
| | Sam's ClubMC/Syncb | Last 4 digits of account number 7459 | \$4,319.60 |
| F | Nonpriority Creditor's Name PO Box 960013 Orlando, FL 32896-0013 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| _ | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| _ | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| I | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| [| ☐Yes | Ordinary consumer purchases on open credit account. | |

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| | r 1 Chad Hopkins ^{r 2} Michelle Hopkins | | Case number (if know) | |
|----------------|---|---|---|------------------------|
| 4.20 | The Children's Place | Last 4 digits of account number | 6846 | \$1,644.97 |
| | Nonpriority Creditor's Name PO Box 9001006 | When was the debt incurred? | | |
| | Louisville, KY 40290-1006 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing | | |
| | Yes | Ordinary c credit acco | onsumer purchases on open ount. | |
| 4.21 | Transworld Systems, Inc KGPort Nonpriority Creditor's Name | Last 4 digits of account number | 7073 | \$45.17 |
| | PO Box 15273 | When was the debt incurred? | | |
| | Wilmington, DE 19850 Number Street City State Zlp Code | As of the data very file the eleim | in Charle all that annie | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск аш tnat apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | _ | ☐ Unliquidated | | |
| | Debtor 2 only | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Creditor R Medical Se | eference: 0618732955180 ervices | |
| 4.22 | UPMC Health Services | Last 4 digits of account number | 5180 | \$60.17 |
| | Nonpriority Creditor's Name PO Box 371472 | When was the debt incurred? | | |
| | Pittsburgh, PA 15250-7472 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ☐ Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | Disputed | | |
| | ■ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecure | d claim: | |
| | \square At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | Yes | Other Specify Medical se | rvice for Daughter | |
| | | | | |
| Part 3 | List Others to Be Notified About a Debt | That You Already Listed | | |
| trying more | his page only if you have others to be notified abou g to collect from you for a debt you owe to someon than one creditor for any of the debts that you list debts in Parts 1 or 2, do not fill out or submit this p | e else, list the original creditor in Pa ed in Parts 1 or 2, list the additional | rts 1 or 2, then list the collection agency here. | Similarly, if you have |
| - | · | n which entry in Part 1 or Part 2 did you | list the original creditor? | |
| | al Management Services, LP Lir | | Part 1: Creditors with Priority Unsecured Claims | ; |
| 698 1 | /2 South Ogden Street | | Part 2: Creditors with Nonpriority Unsecured Cla | aims |

Official Form 106 E/F

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| Debtor 1 Chad Hopkins Debtor 2 Michelle Hopkins | | Case number (if know) | |
|---|--|---|--|
| Buffalo, NY 14206-2317 | Last 4 digits of account number | 3841 | |
| Name and Address Estate Information Services LLC | On which entry in Part 1 or Part 2 d Line 4.20 of (<i>Check one</i>): | d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims | |
| IES Collections PO BOX 1730 Reynoldsburg, OH 43068-8730 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| noynoloobarg, on 40000 0700 | Last 4 digits of account number | 5752 | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 17,112.94 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 94,091.92 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 111,204.86 |

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| | | D O O O O I I I C | 1 440 00 01 00 |
|------------------------|--------------------------|--------------------|-----------------|
| Fill in this infor | mation to identify your | case: | |
| Debtor 1 | Chad Hopkins | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Michelle Hopkins | ; | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVANIA |
| Case number (if known) | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with w Name, Number, Si | hom you have the treet, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| 2.2 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | · | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | • | | | | |

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| | | Document | Page 31 of (| 63 | | |
|---------------------------------------|---|--|---|---|------------|------------------------------------|
| Fill in thi | s information to identify your case: | | | | | |
| Debtor 1 | Chad Hopkins | | | | | |
| 211 0 | First Name | Middle Name | Last Name | | | |
| Debtor 2 Spouse if, fi | Michelle Hopkins First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for the: WES | STERN DISTRICT OF PE | NNSYLVANIA | | | |
| Case nun | nber | | | | | |
| if known) | | | | | | Check if this is an amended filing |
|)fficio | al Form 106H | | | | | |
| | | | | | | |
| scne | dule H: Your Codebto | ors | | | | 12/15 |
| eople are Il it out, a our name | s are people or entities who are also e filing together, both are equally re and number the entries in the boxes e and case number (if known). Answ you have any codebtors? (If you are | sponsible for supplying on the left. Attach the left on the left. Attach the left on the l | correct information Additional Page to t | n. If more space is a thin the to | needed, c | opy the Additional Page, |
| | , , , , , , , , , , , , , , , , , , , | | not officer opeded at | a codobion | | |
| ■ No | | | | | | |
| ☐ Ye | S | | | | | |
| | thin the last 8 years, have you lived na, California, Idaho, Louisiana, Nevad | | | | | nd territories include |
| ■ No | o. Go to line 3. | | | | | |
| ☐ Ye | s. Did your spouse, former spouse, or | legal equivalent live with | you at the time? | | | |
| in lin Form | olumn 1, list all of your codebtors. D e 2 again as a codebtor only if that p a 106D), Schedule E/F (Official Form at Column 2. | person is a guarantor or | cosigner. Make su | re you have listed t | he credito | or on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code | | | Column 2: The cre Check all schedule | | rhom you owe the debt ly: |
| 3.1 | | | | ☐ Schedule D, lin | е | |
| | Name | | | ☐ Schedule E/F, | | |
| | | | | ☐ Schedule G, lin | e | |
| | Number Street | | | | | |
| | City State | | ZIP Code | | | |
| 20 | | | | Cohodula D. Pa | | |
| 3.2 | Name | | | ☐ Schedule D, lin☐ Schedule E/F, l | | |
| | | | | ☐ Schedule G, lin | | |
| | Number Street | | | | | |

State

City

ZIP Code

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| Fill in this informa | tion to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Chad Hopkins | |
| Debtor 2 (Spouse, if filing) | Michelle Hopkins | |
| United States Bar | nkruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapte |
| Official Fo | | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Emp | oloyment | | |
|--|---------------------------|--|------------------------------------|
| Fill in your employme information. | nt | Debtor 1 | Debtor 2 or non-filing spouse |
| If you have more than o | F | ■ Employed | ■ Employed |
| attach a separate page information about addit | WILLII | ☐ Not employed | ☐ Not employed |
| employers. | Occupation | Sales | Tecnical assistant |
| Include part-time, season self-employed work. | onal, or Employer's name | South Hills Village Associates, L.P. | Liberty Mutual Insurance |
| Occupation may include or homemaker, if it app | | 3132 Industrial Boulevard Bethel Park, PA 15102 | 100 Liberty way Dover, NH 03820 |
| | How long employed | there? 10 years | - |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

| Debtor 2 or filing spouse | | For Debtor 1 | | |
|------------------------------|-----|--------------|-----|----|
| 3,085.00 | \$ | 7,200.00 | \$ | 2. |
| 0.00 | +\$ | 0.00 | +\$ | 3. |
| 3,085.00 | \$ | 7,200.00 | \$ | 4. |

Official Form 106I Schedule I: Your Income page 1

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| Deb Deb | tor 1 tor 2 | Chad Hopkins Michelle Hopkins | _ | Case | number (<i>if known</i>) | | | |
|------------|-----------------------|---|-------------------|-----------|----------------------------|--------|----------------------------|---------|
| | | | | | Debtor 1 | non- | Debtor 2 or filling spouse | |
| | Cop | by line 4 here | 4. | \$_ | 7,200.00 | \$ | 3,085.00 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,620.00 | \$ | 505.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 246.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 434.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ | 118.00 | \$ | 474.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: Medical savings | 5h | + \$_ | 0.00 | + \$ | 63.00 | |
| | | Parking | | \$ | 0.00 | \$ | 95.00 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,172.00 | \$ | 1,383.00 | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 5,028.00 | \$ | 1,702.00 | |
| 8. | List 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 1 t 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$_ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$_ | 0.00 | \$ | 0.00 | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | ce 8f. 8g. | \$_ \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h | · · — | | + \$ | 0.00 | |
| | 011. | Other monthly moonie: opeony. | 011. | | 0.00 | ` | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | i : | 5,028.00 + \$_ | 1,70 | 02.00 = \$ 6 | ,730.00 |
| 11. | Inclu othe Do i | te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify: | ır depe | | • | | chedule J. 11. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certilies | | | | | 12. \$6 | ,730.00 |
| 13. | Do ¹ | you expect an increase or decrease within the year after you file this forn | n? | | | | Combined monthly in | |
| | | No. Yes, Explain: | | | | | | |

| Fill | in this informa | ition to identify yo | our case: | | | | | |
|-------------------|--|--|---------------------------------------|--|---|------------|-----------------|---|
| Deb | otor 1 | Chad Hopkin | ıs | | | Ch | eck if this is: | |
| | otor 2 Michelle Hopkins ouse, if filing) | | | | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date: | | | |
| Unit | ted States Bankr | uptcy Court for the: | WESTE | ERN DISTRICT OF PENN | ISYLVANIA | | MM / DD / YYYY | |
| Cas | se number | | | | | | | |
| ! | nown) | | | | | | | |
| 0 | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your I | Exper | nses | | | | 12/15 |
| Be info nui | as complete a ormation. If m mber (if know | and accurate as lore space is ne n). Answer ever | possible eded, attary y questio | . If two married people a ach another sheet to this | | | | |
| Par 1. | tt 1: Descr Is this a joir | ibe Your House | hold | | | | | |
| ١. | □ No. Go to | | | | | | | |
| | = | | in a separ | ate household? | | | | |
| | ■ N | | • | | | | | |
| | _ ` | _ | st file Offic | ial Form 106J-2, Expense | es for Separate House | ehold of D | ebtor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D and Debtor 2 | ebtor 1 | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Daughter | | 6 | Yes |
| | | | | | Son | | 7 | □ No |
| | | | | | 3011 | | | _ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | _ | □ No |
| _ | _ | | | | | | | ☐ Yes |
| 3. | expenses of | enses include f people other tl d your depende | han $_{m \Box}$ | No Yes | | | | |
| Est exp | timate your ex | | our bankr | uptcy filing date unless | | | | napter 13 case to report of the form and fill in the |
| the | | h assistance and | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | penses |
| 4. | | or home owners and any rent for the | | uses for your residence. or lot. | Include first mortgage | e 4. | \$ | 1,074.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | • | rty, homeowner's | | | | 4b. | · | 0.00 |
| | | maintenance, re owner's associat | | upkeep expenses dominium dues | | 4c. 4d. | · | 175.00 |
| 5. | | | | our residence, such as h | ome equity loans | 4u. 5. | · | <u>0.00</u> 220.00 |

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| Debte | • | Case number (if known) | | | |
|-------|--|------------------------|-------------------------|--|--|
| Dobt | Michelle Hopkills | Case Humber (II Known) | | | |
| 6. | Utilities: | | | | |
| | 6a. Electricity, heat, natural gas | 6a. \$ | 250.00 | | |
| | 6b. Water, sewer, garbage collection | 6b. \$ | 41.00 | | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 417.00 | | |
| | 6d. Other. Specify: | 6d. \$ | 0.00 | | |
| 7. | Food and housekeeping supplies | 7. \$ | 1,500.00 | | |
| 8. | Childcare and children's education costs | 8. \$ | 880.00 | | |
| | Clothing, laundry, and dry cleaning | 9. \$ | 360.00 | | |
| 10. | Personal care products and services | 10. \$ | 125.00 | | |
| 11. | Medical and dental expenses | 11. \$ | 250.00 | | |
| | Transportation. Include gas, maintenance, bus or train fare. | 12 ¢ | 500.00 | | |
| | Do not include car payments. | 12. \$ | | | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 300.00 | | |
| | Charitable contributions and religious donations | 14. \$ | 50.00 | | |
| - | Insurance. | | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 15a. \$ | 0.00 | | |
| | 15b. Health insurance | 15b. \$ | 0.00 | | |
| | 15c. Vehicle insurance | 15b. \$ | 96.00 | | |
| | | 15d. \$ | 38.00 | | |
| | 15d. Other insurance. Specify: Camper Insurance | 15u. \$ | 38.00 | | |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Per Capital Bill | 16. \$ | 4.15 | | |
| | Installment or lease payments: | • | | | |
| | 17a. Car payments for Vehicle 1 | 17a. \$ | 455.00 | | |
| | 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 | | |
| | 17c. Other. Specify: Campber | 17c. \$ | 225.00 | | |
| | 17d. Other. Specify: School Loan | 17d. \$ | 250.00 | | |
| | Your payments of alimony, maintenance, and support that you did not report | | 0.00 | | |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 100 | <i>^,</i> , | | | |
| | Other payments you make to support others who do not live with you. | \$ | 0.00 | | |
| | Specify: Other real property expenses not included in lines 4 or 5 of this form or on S | 19. | | | |
| | 20a. Mortgages on other property | 20a. \$ | 0.00 | | |
| | 20b. Real estate taxes | 20b. \$ | 0.00 | | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 | | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 | | |
| | 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 | | |
| | | 21. +\$ | | | |
| ۷١. | Other: Specify: Camp site fee | Z1. +\$ | 158.00 | | |
| 22. | Calculate your monthly expenses | | | | |
| | 22a. Add lines 4 through 21. | \$ | 7,368.15 | | |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2 \$ | | | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 7,368.15 | | |
| | | | · | | |
| | Calculate your monthly net income. | 00 - (| 0.700.00 | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 6,730.00 | | |
| | 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 7,368.15 | | |
| | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ | -638.15 | | |
| | Do you expect an increase or decrease in your expenses within the year afte For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? ■ No. □ Yes. Explain here: | | r decrease because of a | | |

page 2

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| Fill in this infor | mation to identify you | (225) | |
|-------------------------------------|---|--|--|
| | | case. | |
| Debtor 1 | Chad Hopkins First Name | Middle Nesse | |
| D 1 / 0 | | Middle Name Last Name | |
| Debtor 2 | Michelle Hopkin | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT OF PENNSYLVANIA | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an |
| (4. 1.1.2 1.1.1) | | | amended filing |
| You must file thi obtaining mone | is form whenever you | er, both are equally responsible for supplying correctile bankruptcy schedules or amended schedules. Main connection with a bankruptcy case can result in fi | aking a false statement, concealing property, or |
| Sig | n Below | | |
| Did you pa | ay or agree to pay som | eone who is NOT an attorney to help you fill out bank | cruptcy forms? |
| ■ No | | | |
| ☐ Yes. I | Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the summary and schedules filed w | ith this declaration and |
| | ad Hopkins | X /s/ Michelle H | • |
| | Hopkins | Michelle Hopl | |
| Signatu | re of Debtor 1 | Signature of Deb | otor 2 |
| Date _I | March 10, 2016 | Date March | 10, 2016 |

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| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income | | | | | | | | | | |
|--|-----------|----------------|---------------------------|-------------|--------------------|-------------|-----------------------|--------------------|----------|--------------------|
| Debtor 2 Milchelle Hopkins | | | | case: | | | | | | |
| Debtor 2 Michelle Hopkins Middle Name Last Name | Debto | r 1 | | Mic | Idle Name | | Last Name | | | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA Case number ("Horowell Check if this is an amended filling Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Image: Married Not married Not married Not married Not married Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Repair of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Repair of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Repair of the places you lived you lived you live now. Debtor 1 Prior Address: Dates Debtor 2 Debtor 2 Debtor 2 Sources of income Check all that apply. Community properly states and territor | Debto | r 2 | | | due Name | | Lastivaille | | | |
| Case number Check if this is an amended filling Official Form 107 Statement of Financial Affairs for Individuals Filling for Bankruptcy 12/15 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married | | | | | Idle Name | | Last Name | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Artzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) and exclusions, bonuses, lips Wages, commissions, bonuses, lips | United | l States Ba | nkruptcy Court for the: | WESTE | RN DISTRICT O | F PENN | SYLVANIA | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married During the last 3 years, have you lived anywhere other than where you live now? Poblot 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 1 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 2 Sources of income Check all that apply. Check all that | | | | | | | | | | |
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| Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not maried Not mar | inform | ation. If m | ore space is needed, | attach a s | | | | | | |
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| Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Dived there No Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Sourc | | | | | s and where To | u Liveu | Beiore | | | |
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| No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: □ Dates Debtor 1 Debtor 2 Prior Address: □ Dates Debtor 2 Dived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) ■ No □ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 | | | ried | | | | | | | |
| Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Debtor 3 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 De | 2. D | uring the la | ast 3 years, have you | lived anyv | vhere other than | where y | you live now? | | | |
| Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2 Prior Address: Dates Debtor 2 Debtor 3 Debtor 2 Debtor 4 Debtor 2 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 7 Debtor 6 Debtor 7 Debtor 7 Debtor 8 Debtor 9 Debtor 9 | | No | | | | | | | | |
| lived there lived there lived there lived there lived there | | Yes. Lis | t all of the places you I | ived in the | last 3 years. Do r | ot includ | de where you live no | W. | | |
| No Ves. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Ves. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$13,045.45 Wages, commissions, bonuses, tips \$6,138.48 | 0 | Debtor 1 Pr | ior Address: | | | | Debtor 2 Prior Ad | ldress: | | |
| Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips | | | | | | | | | | |
| A. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Part 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) \$13,045.45 Wages, commissions, bonuses, tips | | No | | | | | | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Debtor 2 Sources of income Check all that apply. Gross income (before deductions and exclusions) \$13,045.45 Wages, commissions, bonuses, tips \$6,138.48 | | Yes. Ma | ke sure you fill out Sch | nedule H: \ | our Codebtors (C | official Fo | orm 106H). | | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Poebtor 2 Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips \$13,045.45 Wages, commissions, bonuses, tips \$6,138.48 | Part 2 | Explai | n the Sources of You | r Income | | | | | | |
| Tyes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$13,045.45 Wages, commissions, bonuses, tips \$6,138.48 | Fi | II in the tota | l amount of income yo | u received | from all jobs and | all busir | nesses, including par | t-time activities. | ıs calen | dar years? |
| Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$13,045.45 | | | in the details. | | | | | | | |
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| the date you filed for bankruptcy: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips | | | | Sources | | (befo | ore deductions and | Sources of income | | (before deductions |
| | | | | | | | \$13,045.45 | | ions, | \$6,138.48 |
| | | | | · | | | | • • | ness | |

Official Form 107

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Debtor 1 Chad Hopkins

| De | btor 2 Mi | ichelle Ho | pkins | | Cas | se number (if known) | | |
|----|--|--|---|--|--|--|------------------------------------|---|
| | | | | Dalifand | | Daletan | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r last caler nuary 1 to | ndar year: December | 31, 2015) | ■ Wages, commissions, bonuses, tips | | | | \$40,973.28 |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$78,471.00 | ■ Wages, combonuses, tips | ımissions, | \$31,810.00 |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| - | Include in unemploy gambling List each | come regard ment, and co and lottery v | dless of whet other public b winnings. If y the gross inc | the during this year or the two ther that income is taxable. Ex enefit payments; pensions; relou are filing a joint case and y come from each source separa | amples of other income are ntal income; interest; divider ou have income that you re | alimony; child sup nds; money collect ceived together, lis | ed from laws | suits; royalties; and |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below | Gross income (before deductions and exclusions) | Sources of income Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Pa | ayments You | u Made Before You Filed for | Bankruptcy | | | |
| Э. | □ No. | Neither D individual During the No. Yes * Subject | ebtor 1 nor primarily for a 90 days bef Go to line List below paid that c not include to adjustmen | each creditor to whom you pa reditor. Do not include paymen a payments to an attorney for to the notal to and every 3 year | umer debts. Consumer deb old purpose." id you pay any creditor a tot id a total of \$6,225* or more onts for domestic support obl his bankruptcy case. 's after that for cases filed o | al of \$6,225* or mo | ore? yments and hild support | the total amount you and alimony. Also, do |
| | ■ Yes. | | | or both have primarily consi ore you filed for bankruptcy, d | | al of \$600 or more | ? | |
| | | No. | Go to line | 7. | | | | |
| | | □ Yes | include pa | each creditor to whom you pa yments for domestic support o y for this bankruptcy case. | | | | |
| | Creditor | 's Name an | d Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this | payment for |
| 7. | Insiders in corporation including support and the No | nclude your ons of which one for a bu nd alimony. | relatives; any you are an c | r bankruptcy, did you make y general partners; relatives of officer, director, person in contract perate as a sole proprietor. 11 | any general partners; partn rol, or owner of 20% or more | erships of which your of their voting sec | ou are a gen curities; and | neral partner; any managing agent, |
| | Insider's | Name and | Address | Dates of payme | | Amount you | Reason f | or this payment |
| | | | | | paid | still owe | | |

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| Del | btor 2 Michelle Hopkins | | Cas | e number (if known) | | |
|-----|--|-----------------------------|----------------------|----------------------|-------------------------------|------------------------------------|
| 8. | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co | | ments or transfer a | any property on ac | count of a de | ebt that benefited ar |
| | ■ No □ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credit | t his payment tor's name |
| Pai | rt 4: Identify Legal Actions, Repossession | ons, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | e case |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garnis | hed, attached | l, seized, or levied? |
| | NoYes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | d | | | property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be | | luding a bank or fii | nancial institution | , set off any a | nmounts from your |
| | Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a taken | action was | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or | | erty in the possessi | ion of an assigned | e for the bene | fit of creditors, a |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |
| Pai | rt 5: List Certain Gifts and Contributions | S | | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ptcy, did you give any gift | s with a total value | of more than \$60 | 0 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gi | you gave fts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankru No | | s or contributions | with a total value | of more than | \$600 to any charity |
| | Yes. Fill in the details for each gift or co | | , contributed | Datas | VOL | Value |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | i contributea | Dates contri | • | Value |
| Pai | rt 6: List Certain Losses | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

Case 16-20889-CMB Doc 1 Filed 03/10/16 Entered 03/10/16 15:37:40 Desc Main Page 40 of 63 Document Debtor 1 **Chad Hopkins** Debtor 2 Michelle Hopkins Case number (if known) disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Campbell & Levine, LLC November 30, \$2,500.00 310 Grant Street 2015 1700 Grant Building Pittsburgh, PA 15219 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. П Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was property transferred payments received or debts Address made paid in exchange Person's relationship to you

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

■ No

☐ Yes. Fill in the details.

Name of trust Description and value of the property transferred Date Transfer was made

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Debtor 1 Chad Hopkins
Debtor 2 Michelle Hopkins

Case number (if known)

| Par | t 8: List of Certain Financial Accounts, In | struments, Safe Depos | sit Boxes, and St | orage Unit | s | |
|-----|--|--|--------------------------------|-------------|---|---|
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso | or other financial acco | unts; certificates | of deposi | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | or bankruptcy, ar | ny safe dep | posit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | or place other than you | ur home within 1 | year befor | e you filed for bankruptc | у |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe 1 | the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Inc | lude any propert | ty you bori | owed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | Value |
| Par | t 10: Give Details About Environmental Inf | ormation | | | | |
| For | the purpose of Part 10, the following definiti | ions apply: | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into t regulations controlling the cleanup of these | he air, land, soil, surfa | ce water, ground | | | |
| | Site means any location, facility, or propert to own, operate, or utilize it, including disp | | environmental I | law, wheth | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an envi hazardous material, pollutant, contaminant | | s as a hazardous | waste, ha | zardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings th | at you know about, re | gardless of when | they occu | ırred. | |
| 24. | Has any governmental unit notified you that | t you may be liable or | potentially liable | under or i | n violation of an environ | mental law? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental u Address (Number, ZIP Code) | nit Street, City, State and | | onmental law, if you it | Date of notice |

Case 16-20889-CMB Doc 1 Filed 03/10/16 Entered 03/10/16 15:37:40 Desc Main Document Page 42 of 63 Debtor 1 **Chad Hopkins** Debtor 2 Michelle Hopkins Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Chad Hopkins /s/ Michelle Hopkins Michelle Hopkins **Chad Hopkins** Signature of Debtor 1 Signature of Debtor 2 Date March 10, 2016 **Date** March 10, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Yes. Name of Person

Official Form 107

page 6

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Debtor 1 Chad Hopkins
Debtor 2 Michelle Hopkins

Case number (if known)

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| Fill in this inforn | nation to identify your c | ase: | | |
|--------------------------------------|---|---------------------|---|--|
| Debtor 1 | Chad Hopkins | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Michelle Hopkins First Name | Middle Name | Last Name | |
| | | | | |
| United States Bar | nkruptcy Court for the: | WESTERN DISTI | RICT OF PENNSYLVANIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official For Stateme n | | n for Indiv | viduals Filing Under Chap | ter 7 12/15 |
| | vidual filing under chap | - | Il out this form if: | |
| _ | e claims secured by you | | at avaired | |
| You must file this | ver is earlier, unless the | thin 30 days after | ot expired. you file your bankruptcy petition or by the date e time for cause. You must also send copies to | |
| • | ople are filing together d date the form. | in a joint case, bo | oth are equally responsible for supplying correc | t information. Both debtors must |
| | and accurate as possible our name and case num | | s needed, attach a separate sheet to this form. C | On the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | |
| - | | | | |
| 1. For any credito information be | | rt 1 of Schedule D | Creditors Who Have Claims Secured by Prope | erty (Official Form 106D), fill in the |
| | editor and the property th | at is collateral | What do you intend to do with the property th secures a debt? | at Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's Fi name: | fth Third Bank | | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| Description of | 6018 Baker School | Road | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property securing debt: | Trafford, PA 15085 Westmoreland Cou | nty | ■ Retain the property and [explain]: Payments are current | |
| Creditor's Fi | fth Third Bank | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | |
| Description of | 6018 Baker School | Road | ☐ Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property securing debt: | Trafford, PA 15085 Westmoreland Cou | nty | Retain the property and [explain]: Payments are current | |
| Creditor's H ı | untington Bank | | ☐ Surrender the property. | □ No |
| name: | 2042 Charmelet C'' | arada 40 000 | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ■ Yes |
| Description of property | 2013 Chevrolet Silv miles | erauo 19,000 | Reaffirmation Agreement. Retain the property and [explain]: | |
| | | | record of the first of an experience for the country. | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| | otor 1 Chad Hopkins otor 2 Michelle Hopkins | Case number (if know | vn) |
|------|--|--|------------------------------------|
| s | ecuring debt: | Payments are current | |
| | Creditor's WesBanco ame: | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| D | Description of 2010 Keystone Springdale 299H | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| | roperty Trailer ecuring debt: | ■ Retain the property and [explain]: Paments are current | <u> </u> |
| or a | t2: List Your Unexpired Personal Property Leases any unexpired personal property lease that you listed the information below. Do not list real estate leases. Unimay assume an unexpired personal property lease if the state of t | expired leases are leases that are still in effect; | the lease period has not yet ended |
| Des | scribe your unexpired personal property leases | | Will the lease be assumed? |
| | sor's name: | | □ No |
| | scription of leased perty: | | ☐ Yes |
| | sor's name: | | □ No |
| | scription of leased perty: | | ☐ Yes |
| | sor's name: scription of leased | | □ No |
| | perty: | | ☐ Yes |
| | sor's name: scription of leased | | □ No |
| | perty: | | ☐ Yes |
| | sor's name: scription of leased | | □ No |
| | perty: | | ☐ Yes |
| | sor's name: scription of leased | | □ No |
| | perty: | | ☐ Yes |
| | sor's name: scription of leased | | □ No |
| | perty: | | ☐ Yes |
| Par | t 3: Sign Below | | |
| | er penalty of perjury, I declare that I have indicated my perty that is subject to an unexpired lease. | y intention about any property of my estate that | secures a debt and any personal |
| X | /s/ Chad Hopkins | X /s/ Michelle Hopkins | |
| | Chad Hopkins Signature of Debtor 1 | Michelle Hopkins Signature of Debtor 2 | |
| | Date March 10, 2016 | Date March 10, 2016 | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Fill in this information to identify your case: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | Debtor 1 Chad Hopkins | | | | | | | |
| | Debtor 2 Michelle Hopkins (Spouse, if filing) | | | | | | | |
| 1 | United States Bankruptcy Court for the: Western District of Pennsylvania | | | | | | | |
| | Case number (if known) | | | | | | | |
| | | | | | | | | |

| Check one box only as directed in this form and in Form 122A-1Supp: |
|---|
| ☐ 1. There is no presumption of abuse |
| ■ ○ ▼ □ □□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |

- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | | Colu. Debt | mn A or 1 | Deb | mn B tor 2 or filing spouse |
|----------|--|---------------------------|------------------------------------|----------------------------------|---------------|--------------|-----|-----------------------------------|
| 2. | Your gross wages, salary, tips, bonuses, overtime, all payroll deductions). | and co | mmissi | ons (before | \$ | 4,737.13 | \$ | 2,671.62 |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payme | nts from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. 5. | All amounts from any source which are regularly partial of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3. Net income from operating a business, profession, | Included, your of pouse o | e regular depende only if Co | r contributions nts, parents, | \$ | 0.00 | \$ | 0.00 |
| ٠. | , μ | | | tor 1 | | | | |
| | Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or fail | \$ -\$ rm \$ | 0.00 0.00 0.00 | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| 6. | Net income from rental and other real property | · — | | | | | | |
| | | | Deb | tor 1 | | | | |
| | Gross receipts (before all deductions) | \$ -\$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses Net monthly income from rental or other real property | \$ \$ | | Copy here -> | \$ | 0.00 | \$ | 0.00 |
| | Interest, dividends, and royalties | Ψ | | | φ | 0.00 | \$ | 0.00 |

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| Michelle Hopkins | | | Case numbe | r (<i>if known</i>) | | | |
|---|---|---|--|-----------------------|---------------------|----------------|---|
| | | | Column A Debtor 1 | | Column B Debtor 2 o | or | |
| Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| Do not enter the amount if you contend that the amounder the Social Security Act. Instead, list it here: | | efit | | | | | |
| For you | .\$0 | .00 | | | | | |
| For your spouse | | 0.00 | | | | | |
| Pension or retirement income. Do not include any benefit under the Social Security Act. | | | \$ | 0.00 | \$ | 0.00 | |
| Income from all other sources not listed above. S Do not include any benefits received under the Socia received as a victim of a war crime, a crime against h domestic terrorism. If necessary, list other sources o total below. | Security Act or paymenumanity, or internation | ents al or | | | | | |
| • | | | \$ | 0.00 | \$ | 0.00 | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| Calculate your total current monthly income. Add each column. Then add the total for Column A to the | | \$ | 4,737.13 | + - | 2,671.62 | = \$ | 7,408.75 |
| 2: Determine Whether the Means Test Applies | s to You | | | | | Total c | urrent month |
| Calculate your current monthly income for the year | ar. Follow these steps: | | | | | | |
| 12a. Copy your total current monthly income from line | e 11 | | Сор | y line 11 | here=> | \$ | 7,408.75 |
| | | | | | | | <u>, </u> |
| Multiply by 12 (the number of months in a year) | | | | | | x 1 | 2 |
| 12b. The result is your annual income for this part of | the form | | | | 12 | b. \$ 8 | 88,905.00 |
| Calculate the median family income that applies t | o you. Follow these sto | eps: | | | | | |
| Fill in the state in which you live. | PA | | | | | | |
| Fill in the number of people in your household. | 4 | | | | | | |
| Fill in the median family income for your state and size | | | | | 13 | . \$8 | 86,010.00 |
| To find a list of applicable median income amounts, of for this form. This list may also be available at the ba | | specified | d in the sepa | ate instru | ctions | | |
| How do the lines compare? | intraptoy dent a onioc. | | | | | | |
| <u> </u> | On the top of page 1 | check bo | x 1, <i>There i</i> s | no presui | mption of abu | ıse. | |
| | on the top of page 1, | | | | | | |
| Go to Part 3. Line 12b is more than line 13. On the to | | 2, The p | resumption c | f abuse is | determined | by Form 1 | 22A-2. |
| Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | | 2, The p | resumption c | f abuse is | s determined | by Form 1 | 22A-2. |
| Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. Sign Below | o of page 1, check box | | | | | | |
| Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjudices. | o of page 1, check box | on this s | tatement and | l in any at | | | |
| Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjunctions X /s/ Chad Hopkins | o of page 1, check box | on this s | tatement and | l in any at | | | |
| Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjudents. | o of page 1, check box | on this s | tatement and | l in any at | | | |
| Go to Part 3. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjunctions X /s/ Chad Hopkins Chad Hopkins | or of page 1, check box by that the information by Date | on this s /s/ Micl Michel Signatur March | tatement and helle Hopk le Hopkins | l in any at | | | |

Chad Hopkins

Debtor 1

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| Fill | in this infor | mation to identify your case: | | | Ch | eck the appropria | te box as | s directed in |
|------------|-------------------------------|---|----------------------|-----------------|-----------|-------------------------------------|------------|-----------------|
| Dal | btor 1 | Chad Hanking | | 1 | line | es 40 or 42: | | |
| | _ | Chad Hopkins Michelle Hopkins | | | | According to the calc Statement: | ulations r | equired by this |
| (Sp | ouse, if filing | | | | | ■ 1. There is no pre | | of above |
| Uni | ited States Ba | ankruptcy Court for the: Western District of F | Pennsylvania | | | | | |
| Cas | se number _ | | | | | 2. There is a pres | umption c | of abuse. |
| <u> </u> | (HOWH) | | | _ | | Check if this is an | amende | d filing |
| <u>Of</u> | ficial Fo | orm 122A - 2 | | | | | | |
| Cł | napter 7 | 7 Means Test Calculation | | | | | | 12/1 |
| To f | fill out this fo | orm, you will need your completed copy of | Chapter 7 Stateme | ent of Your Cu | ırrent Mo | onthly income (Offic | cial Form | 122A-1). |
| spa add | ce is needed itional pages | and accurate as possible. If two married per I, attach a separate sheet to this form, Inclus, write your name and case number (if kno | ide the line numbe | | | | | |
| 1. | Copy your | total current monthly income. | Copy line 11 fro | om Official F | orm 122/ | A-1 here=> | \$ | 7,408.75 |
| 2 | Did you fill | I out Column B in Part 1 of Form 122A-1? | | | | | | |
| 2. | | Il in \$0 for the total on line 3. | | | | | | |
| | _ | · | | | | | | |
| | | your spouse Filing with you? | | | | | | |
| | □ No. | Go to line 3. | | | | | | |
| | Yes. | Fill in \$0 for the total on line 3. | | | | | | |
| 3. | | r current monthly income by subtracting a l expenses of you or your dependents. Folk | | ouse's income | e not use | ed to pay for the | | |
| | | Column B of Form 122A–1, was any amount of you or your dependents? | of the income you re | eported for you | ur spouse | e NOT regularly used | for the h | ousehold |
| | ■ No. Fil | Il in 0 for the total on line 3 | | | | | | |
| | _ | Il in the information below: | | | | | | |
| | State | e each purpose for which the income was u | ısed | Fill in the | | | | |
| | | example, the income is used to pay your spous ort other than you or your dependents. | se's tax debt or to | are subti | | | | |
| | | | | \$ | | | | |
| | | | | \$ | | | | |
| | - | | | \$ | | | | |
| | - | Total | | \$ \$ | 0.00 | | | |
| | | Total. | | Φ | | Convitated have | • | 0.00 |
| | | | | | | Copy total here=> | ··· - \$ _ | 0.00 |
| | A aliment | ur aurrent monthly income Subtract line 2 fr | om line 1 | | | | \$ | 7.408.75 |

Official Form 122A-2

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| Debtor 1 Debtor 2 | Chad Hopkins Michelle Hopkins | | Case number (if | known) | |
|----------------------|--|--|--|------------------------|----------|
| Part 2: | Calculate Your Deductions from Your Income | | | | |
| to an | nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be a | ndards, go online u | sing the link specifi | ed in the separate | ounts |
| of yo | act the expense amounts set out in lines 6-15 regardless ur actual expenses if they are higher than the standards ne in line 3 and do not deduct any operating expenses th | Do not deduct any | amounts that you sub | tracted fro your spous | e's |
| If you | r expenses differ from month to month, enter the average | je expense. | | | |
| Whei | never this part of the from refers to you, it means both you | ou and your spouse i | f Column B of Form 1 | 122A-1 is filled in. | |
| 5. | The number of people used in determining your ded | uctions from incon | ne | | |
| | Fill in the number of people who could be claimed as ex plus the number of any additional dependents whom you the number of people in your household. | | | | |
| Natio | onal Standards You must use the IRS Nationa | I Standards to answe | er the questions in line | es 6-7. | |
| | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and | | in line 5 and the IRS | National \$_ | 1,513.00 |
| | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional transfer of the second seco | nber of people is spli a higher IRS allowar | t into two categories- ace for health care co | -people who are under | 65 and |
| Peop | ole who are under 65 years of age | | | | |
| | 7a. Out-of-pocket health care allowance per person | \$60 | | | |
| | 7b. Number of people who are under 65 | X4 | | | |
| | 7c. Subtotal. Multiply line 7a by line 7b. | \$ 240.00 | Copy here=> | \$240.00 | |
| Peop | ole who are 65 years of age or older | | | | |
| | 7d. Out-of-pocket health care allowance per person | \$144 | | | |
| | 7e. Number of people who are 65 or older | X0 | | | |
| | 7f. Subtotal. Multiply line 7d by line 7e. | \$0.00 | Copy here=> | +\$0.00 | |
| | 7g. T otal. Add line 7c and line 7f | | 240.00 | Copy total here=> | \$\$ |
| | | | | | |

Chad Hopkins

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Chad Hopkins Michelle Hopkins Debtor 1 Debtor 2 Case number (if known)

| Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. | |
|--|--|
|--|--|

| LOC | ai Sta | anuarus | Tou must | use the IKS LO | cai Stariuarus to a | riswer trie que | 25110115 111 111 | 162 0-10. | | | | |
|----------|------------|-------------|----------------------------|------------------|---|-----------------|------------------|----------------|-----------------|----------------|---------------------------------|----------|
| | | | tion from t ses into tw | | S. Trustee Progra | m has divide | ed the IRS L | _ocal Stand | dard for hous | ing for | | |
| - | lousi | ng and u | tilities - Ins | surance and or | perating expenses | S | | | | | | |
| | | • | | ortgage or rent | 0 . | | | | | | | |
| To a | nsw | er the que | estions in l | lines 8-9, use t | he U.S. Trustee P | rogram char | t. | | | | | |
| T | ~ d + b | a abart a | م د ممانیم د م | na tha liak anas | sified in the conora | to instruction | a far thia far | | | | | |
| | | | | | cified in the separa uptcy clerk's office. | | 5 101 11115 101 | ш. | | | | |
| 8. | | | | | operating expensunty for insurance | | | | | | | 616.00 |
| 9. | Hou | sing and | utilities - N | Mortgage or re | nt expenses: | | | | | | | |
| | 9a. | | | | tered in line 5, fill in or rent expenses | | | | \$ 1 , | 084.00 | | |
| | 9b. | Total ave | erage month | nly payment for | all mortgages and | other debts s | secured by y | our home. | | | | |
| | | contractu | ally due to | | hly payment, add a reditor in the 60 m | | | | | | | |
| | | Name of | the creditor | r | | Average n | nonthly | | | | | |
| | | -NONE- | | | | \$ | | | | | | |
| | | | | | | | | | | | Donast this | |
| | | | | Total average m | nonthly payment | \$ | 0.00 | Copy here=> | -\$ | 0.00 | Repeat this amount on line 33a. | |
| | 9c. | Net mort | gage or ren | t expense. | | | | | | | | |
| | | | | | thly payment) from ess than \$0, enter | | | \$ | 1,084.00 | Copy here=> | \$ | 1,084.00 |
| 10. | | | | | ram's division of v expenses, fill in | | | | | t and | \$ | 0.00 |
| | Exp | olain why: | | | | | | | | | | |
| 11. | Loca | al transpo | ortation ex | penses: Check | the number of vel | nicles for whic | ch you claim | an owners | hip or operatin | g expense |). | |
| | □ 0 | . Go to lin | e 14. | | | | | | | | | |
| | □ 1 | . Go to lin | e 12. | | | | | | | | | |
| | 2 | or more. | Go to line 1 | 12. | | | | | | | | |
| 12. | | | | | RS Local Standar Costs that apply fo | | | | | | \$ | 556.00 |

Official Form 122A-2

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| Debtor 1 Debtor 2 | | Hopkins elle Hopkins | | | Case | numbe | r (<i>if kn</i> o | own) | | |
|----------------------|----------------------|--|--|-------------------------|------------------|-------------|--------------------|--------------|---------------------------------------|------|
| | You may | | pense: Using the IRS Local if you do not make any loan | | | | | | | |
| Vel | hicle 1 | Describe Vehicle 1: | 2013 Chevrolet Silvera | do 19,000 miles | | | | | | |
| 13a. | Ownersh | ip or leasing costs usin | g IRS Local Standard | | | \$ | | 0.00 | | |
| 13b. | ŭ | monthly payment for al clude costs for leased | I debts secured by Vehicle 1 vehicles. | | | | | | | |
| | are contr | | ly payment here and on line cured creditor in the 60 mon | | hat | | | | | |
| | Nan | ne of each creditor for | r Vehicle 1 | Average monthly payment | | | | | | |
| | -NC | NE- | | \$ | | | | | | |
| | | Total A | overage Monthly Payment | \$0.00 | Cop | ру ·e => | -\$_ | | 0.00 Repeat this amount on line 33b. | |
| 13c. | | cle 1 ownership or leas line 13b from line 13a. | e expense if this amount is less than \$0 |), enter \$0. | | \$ | | 0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Vel | hicle 2 | Describe Vehicle 2: | 2010 Trail Blazer | | | | | | | |
| 13d. | Ownersh | ip or leasing costs usin | g IRS Local Standard | | | \$ | | 0.00 | | |
| 13e. | Average leased ve | | I debts secured by Vehicle 2 | . Do not include costs | for | | | | | |
| | Nan | ne of each creditor fo | r Vehicle 2 | Average monthly payment | | | | | | |
| | -NC | ONE- | | \$ | | | | | | |
| | | Total A | Average Monthly Payment | \$0.00 | Cop her => | e | | 0. | Repeat this amount on line 33c. | |
| 13f. | | cle 2 ownership or leas line 13e from line 13d. | e expense if this amount is less than \$0 |), enter \$0 | | \$_ | | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | | | : If you claimed 0 vehicles ir ce regardless of whether you | | | Stan | dards | , fill in th | ne <i>Public</i> | 0.00 |
| | also dedu | uct a public transportati | on expense: If you claimed on expense, you may fill in we cal Standard for <i>Public Trans</i> | what you believe is the | | | | | | 0.00 |

Chad Hopkins

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Debtor 1 Debtor 2 Michelle Hopkins Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|-----|--|---|-----|----------|
| 16. | self-employment taxes, soo from your pay for these tax | imount that you will actually owe for federal, state and local taxes, such as income taxes, cial security taxes, and Medicare taxes. You may include the monthly amount withheld les. However, if you expect to receive a tax refund, you must divide the expected refund by ler from the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, | sales, or use taxes. | \$ | 0.00 |
| 17. | Involuntary deductions: 7 contributions, union dues, a | The total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | |
| | Do not include amounts that | at are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include payr | monthly premiums that you pay for your own term life insurance. If two married people are ments that you make for your spouse's term life insurance. Do not include premiums for endents, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 0.00 |
| 19. | | The total monthly amount that you pay as required by the order of a court or h as spousal or child support payments. | | |
| | Do not include payments o | n past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total mont as a condition for your joint in the second i | hly amount that you pay for education that is either required: | | |
| | | entally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total month preschool. | nly amount that you pay for childcare, such as babysitting, daycare, nursery, and | | |
| | Do not include payments for | or any elementary or secondary school education. | \$ | 880.00 |
| 22. | that is required for the heal | penses, excluding insurance costs: The monthly amount that you pay for health care th and welfare of you or your dependents and that is not reimbursed by insurance or paid at. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insura | nce or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | services for you and your d business cell phone service | elephone services: The total monthly amount that you pay for telecommunication lependents, such as pagers, call waiting, caller identification, special long distance, or e, to the extent necessary for your health and welfare or that of your dependents or for the s not reimbursed by your employer. | | |
| | | or basic home telephone, internet and cell phone service. Do not include self-employment eported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses a Add lines 6 through 23. | illowed under the IRS expense allowances. | \$ | 4,889.00 |

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Debtor 1 Debtor 2 Chad Hopkins Case number (if known)

| Additional Expense Deductions These are additional deductions allowed by the Means Test. | | | | | | | |
|--|---|------------------------|--------------------------------------|--|-----|--------|--|
| | Note: Do not include | any expens | se allowances | listed in lines 6-24. | | | |
| 25. | 5. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. | | | | | | |
| | Health insurance | \$ | 96.00 | | | | |
| | Disability insurance | \$ | 0.00 | | | | |
| | Health savings account | + \$ | 0.00 | | | | |
| | Total | \$ | 96.00 | Copy total here=> | \$ | 96.00 | |
| | Do you actually spend this total amount? | | | • | | | |
| | No. How much do you actually spend? | Φ. | | | | | |
| | Yes | \$ | | | | | |
| 26. | Continued contributions to the care of household continue to pay for the reasonable and necessary care of your household or member of your immediate famil may include contributions to an account of a qualified | e and supply who is un | ort of an elderl nable to pay for | y, chronically ill, or disabled member r such expenses. These expenses | \$ | 0.00 | |
| 27. | Protection against family violence. The reasonably safety of you and your family under the Family Violence | | | | | | |
| | By law, the court must keep the nature of these exper | ses confide | ential. | | \$ | 0.00 | |
| 28. | Additional home energy costs. Your home energy callowance on line 8. | osts are inc | cluded in your | non-mortgage housing and utilities | | | |
| | If you believe that you have home energy costs that a line 8, then fill in the excess amount of home energy of | | an the home er | nergy costs included in expenses on | | | |
| | You must give your case trustee documentation of yo amount claimed is reasonable and necessary. | ur actual ex | rpenses, and y | ou must show that the additional | \$ | 0.00 | |
| 29. | Education expenses for dependent children who a \$156.25* per child) that you pay for your dependent clublic elementary or secondary school. | | | | | | |
| | You must give your case trustee documentation of yo claimed is reasonable and necessary and not already | | | | | | |
| | * Subject to adjustment on 4/01/16, and every 3 years | after that f | or cases begu | n on or after the date of adjustment. | \$ | 0.00 | |
| 30. | Additional food and clothing expense. The monthly higher than the combined food and clothing allowance than 5% of the food and clothing allowances in the IR. | s in the IR | S National Sta | | | | |
| | To find a chart showing the maximum additional allow instructions for this form. This chart may also be avail | - | - | · | | | |
| | You must show that the additional amount claimed is | reasonable | and necessar | y. | \$ | 0.00 | |
| 31. | Continuing charitable contributions. The amount the instruments to a religious or charitable organization. 2 | | | | +\$ | 50.00 | |
| 32. | Add all of the additional expense deductions Add lines 25 through 31. | | | | \$ | 146.00 | |

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Michelle Hopkins Debtor 2 Case number (if known) **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Mortgages on your home: payment 33a. Copy line 9b here 0.00 Loans on your first two vehicles 33b. 0.00 Copy line 13b here 33c. Copy line 13e here 0.00 List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? No -NONE-П Yes Nο Yes No ☐ Yes Сору total 0.00 33e. Total average monthly payment. Add lines 33a through 33d 0.00 here=> 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ■ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure Monthly cure amount amount 6018 Baker School Road Trafford, PA **90,000.00** ÷ 60 = \$ Fifth Third Bank 1.500.00 15085 Westmoreland County 6018 Baker School Road Trafford, PA **25,930.00** ÷ 60 = \$ Fifth Third Bank \$ 432.17 15085 Westmoreland County **Huntington Bank** 2013 Chevrolet Silverado 19,000 miles **18,157.52** ÷ 60 = \$ 302.63 Copy total 2,234.80 here=> \$ 2,234.80 Total

Chad Hopkins

Debtor 1

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| Debtor 1 Debtor 2 | | d Hopkins nelle Hopkins | Case number (if knowl | n) | | | |
|----------------------|------|---|-----------------------|------|----------|---|------|
| | • | owe any priority claims such as a priority tax, child support, or alimonydue as of the filing date of your bankruptcy case? 11 U.S.C. \S 507. | that | | | | |
| | No. | Go to line 36. | | | | | |
| | Yes. | Fill in the total amount of all of these priority claims. Do not include current of ongoing priority claims, such as those you listed in line 19. | or | | | | |
| | | Total amount of all past-due priority claims | \$ | 0.00 | ÷60 = \$ | ; | 0.00 |

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| Debtor 2 | Mich | elle Hopkins | | Case | number (if known) | |
|--------------|----------------|---|-----------------------|------------------|------------------------|-------------------------------|
| F | or more | eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bas ns for this form. Bankruptcy Basics may also be availab | sics specifie | | | |
| ı | ■ No. | Go to line 37. | | | | |
| _ | _ | Fill in the following information. | | | | |
| | | Projected monthly plan payment if you were filing unde | r Chapter 1 | 3 5 | \$ | |
| | | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts). | istricts in Al | abama | (| ٦ |
| | | To find a list of district multipliers that includes your disthe link specified in the separate instructions for this fobe available at the bankruptcy clerk's office. | | | | Copy total |
| | | Average monthly administrative expense if you were fil | ing under C | hapter 13 | \$ | here=> \$ |
| 37. | | of the deductions for debt payment. s 33e through 36. | | | | \$ |
| Tota | l Deduc | tions from Income | | | | |
| 38. A | Add all d | f the allowed deductions. | | | | |
| | | e 24, All of the expenses allowed under IRS e allowances | \$ | 4,889.00 | | |
| | Copy lir | e 32, All of the additional expense deductions | \$ | 146.00 | | |
| | Copy lir | e 37, All of the deductions for debt payment | +\$ | 2,234.80 | - - - | |
| | Total de | ductions | \$ | 7,269.80 | Copy total here | => \$7,269.80 |
| Part 3: | De | ermine Whether There is a Presumption of Abuse | | | | |
| 39. C | Calculat | e monthly disposable income for 60 months | | | | |
| | 39a. Cc | py line 4, adjusted current monthly income | \$ | 7,408.75 | _ | |
| | 39b. Cc | py line 38, Total deductions | -\$ | 7,269.80 | | |
| | 39c. Mc | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a | \$ | 138.95 | Copy here=>\$ | 138.95 |
| | For the | next 60 months (5 years) | | | x 6 | 0 |
| | | | | | | |
| | 39d. To | tal. Multiply line 39c by 60 | 39d. | \$ | 8,337.00 Copy here= | 16 833700 |
| 40. F | ind out | whether there is a presumption of abuse. Check the | box that ap | plies: | | |
| | ☐ The I | ine 39d is less than \$7,475*. On the top of page 1 of th | nis form, che | eck box 1, The | ere is no presumptio | n of abuse. Go to Part 5. |
| [| | ine 39d is more than \$12,475*. On the top of page 1 of a figure is the first f | f this form, o | check box 2, 7 | Γhere is a presumpti | on of abuse. You may fill out |
| ı | ■ The I | ine 39d is at least \$7,475*, but not more than \$12,475 | 5*. Go to line | e 41. | | |
| * | Subject | to adjustment on 4/01/16, and every 3 years after that fo | or cases file | d on or after tl | ne date of adjustmen | nt. |

Chad Hopkins

| | | d Hopkins nelle Hopkins Cat | se number | (if known) | | | |
|--------------|-----------------------------|--|----------------------------|----------------------------|----------------|-----|------------|
| 1. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | \$x | 111, 696.73 .25 | | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(1) | _ | 27,924.18 | Copy here=> | \$_ | 27,924.18 |
| | | Multiply line 41a by 0.25 ne whether the income you have left over after subtracting all allowed deductour unsecured, nonpriority debt. | | is enough to p | pay | | |
| | Go to | 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is Part 5.39d is equal to or more than line 41b. On the top of page 1 of this form, check amption of abuse. You may fill out Part 4 if you claim special circumstances. The | k box 2, | There is a | abuse. | | |
| t 4 : | _ | re Details About Special Circumstances | on go to | rait 5. | | | |
| _ | Yes. Fill ea Yo ne | to to Part 5. I in the following information. All figures should reflect your average monthly expect item. You may include expenses you listed in line 25. In must give a detailed explanation of the special circumstances that make the expenses you must also give your case trustee documentation of justments. | expenses | s or income adj | ustments | | |
| | | | | • | | 3 | |
| | G | Sive a detailed explanation of the special circumstances Av | erage n | nonthly expen | | ŧ | |
| | G | or | verage n income | nonthly expen | | 2 | |
| | G | or | income | nonthly expen | | | |
| | G | or | \$ | nonthly expen | se | | |
| | - G | or | \$ | nonthly expense adjustment | se | | |
| + 5• | | or | \$\$ \$\$ | nonthly expense adjustment | se | * | |
| t 5: | | or | \$\$ \$\$ | nonthly expense adjustment | se | | d correct. |
| t 5: | Sig By sig | on Signature of the state of th | ssent and | nonthly expense adjustment | se | | d correct. |
| t 5: | Sig By si | in Below gning here, I declare under penalty of perjury that the information on this statem Chad Hopkins X /s/ Michelle had Hopkins Michelle Ho | s ent and | nonthly expense adjustment | se | | d correct. |
| rt 5: | Sig By si X /si | on sign Below In Below I | s ent and Hopkins Debtor 2 | nonthly expense adjustment | se | | d correct. |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | : | Liquidation |
|-----------|-----|--------------------|
| \$2 | 245 | filing fee |
| \$ | 75 | administrative fee |
| + \$ | 315 | trustee surcharge |
| \$3 | 35 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-20889-CMB Doc 1 Filed 03/10/16 Entered 03/10/16 15:37:40 Desc Main Document Page 62 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In | Chad Hopkins re Michelle Hopkins | | Case N | 0. | |
|------|---|---|---|--------------------|------------------------|
| | mioriono Froprimo | Debtor(s) | Chapte | r 7 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR | DEBTOR(S |) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptcy | y, or agreed to be p | aid to me, for ser | |
| | For legal services, I have agreed to accept | | \$ | 2,250.0 | <u>0</u> |
| | Prior to the filing of this statement I have received | | \$ | 2,250.0 | 0 |
| | Balance Due | | | 0.0 | 0_ |
| 2. | \$335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compe | nsation with any other person | n unless they are m | embers and asso | ciates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name | | | | of my law firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to ren | der legal service for all aspec | cts of the bankrupto | y case, including | g: |
| | a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. Representation of the debtor in adversary proceedings e. [Other provisions as needed] Services included in the engagement of the by the Debtor(s). | ment of affairs and plan which is and confirmation hearing, and other contested bankrup | th may be required; and any adjourned atcy matters; | hearings thereof; | |
| 7. | By agreement with the debtor(s), the above-disclosed fee Services not included in the engagement executed by the Debtor(s). | | | in an engage | ment letter |
| | * Debtor(s) has/have agreed to pay Camp | bell & Levine, LLC at the | e firm's normal h | ourly rate. | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding. | agreement or arrangement for | or payment to me for | r representation | of the debtor(s) in |
| | March 10, 2016 | /s/ Jonathan G. | Babyak | | |
| | Date | Jonathan G. Bal | | | |
| | | Signature of Attorn Campbell & Lev | | | |
| | | 310 Grant Street | | | |
| | | Pittsburgh, PA 1 | | | |
| | | 412-261-0310 F | | 6 | |
| | | Name of law firm | | | |

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United States Bankruptcy Court Western District of Pennsylvania

| In re | Chad Hopkins Michelle Hopkins | | Case No. | | |
|--------|--|---|-----------|---|--|
| | | Debtor(s) | Chapter 7 | | |
| The ab | VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | |
| Date: | March 10, 2016 | /s/ Chad Hopkins Chad Hopkins | | _ | |
| Date: | March 10, 2016 | Signature of Debtor /s/ Michelle Hopkins Michelle Hopkins | | _ | |

Signature of Debtor